

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		10/913015	
						<b>CLAIMS</b>			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
2		1							
3									
4		2							
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18		101							
19									
20									
21		61							
22	1								
23		1							
24									
25									
26									
27									
28									
29									
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41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL	3								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									